

POSITION STATEMENT:

## Congress should restrict ICE from entering medical facilities

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### RECOMMENDATIONS

- Restrict ICE from engaging with immigrants in or around health care settings, including: hospitals, community-based clinics, ambulances, pharmacies, physical therapy and mental health and addiction treatment practices, and rehabilitation facilities.



According to the Migration Policy Institute (1), 44 million immigrants live in the United States which, until 2015, was home to the largest number of immigrants in the world (2, 3, 4, 5). Immigrants in America are economically, ethnically, and educationally diverse, emanating mostly from Asia, Latin America, Africa, and the Caribbean (6).

Unfortunately, negative beliefs continue to be perpetrated regarding the migration of various groups to the United States (7, 8). There are reports of harassment toward individuals who are in various stages of the resettlement process (9, 10, 11). For example, Immigration and Customs Enforcement (ICE) raids have occurred at previously “safe” areas, including medical facilities such as health centers, ambulances, and hospitals. Surgical patients, disabled individuals, and the parents of seriously ill children have been reportedly taken into custody as they sought medical attention for themselves or their children (11, 12, 13, 14). Hence immigrants at all stages of the relocation process appear to be delaying or avoiding medical care (7, 11, 15, 16, 17, 18, 19, 20, 21, 22).

Avoidance or delays in health care engagement (11) and limited access to health care (5, 19, 23, 19, 5), place both the immigrants themselves and their communities at-large at risk for health problems (11), including:

- Lower rates of preventive care resulting in higher rates of untreated acute and chronic illnesses (11, 19),

- Delays in seeking prenatal care resulting in adverse pregnancy and birth outcomes such as low birth weight, preterm births, and other pregnancy and birth complications (24),
- Higher rates of untreated chronic or acute mental health and behavioral health problems (5, 25, 26) such as depression, anxiety, posttraumatic stress disorder [PTSD], overall stress (26), and suicidality (5),
- Lower rates of immunizations resulting in higher risks of communicable diseases such as tuberculosis (11, 27, 28),
- Lower rates of STD (sexually transmitted disease) and STI (sexually transmitted infection) screening and early treatment (18, 26, 27) and
- Premature deaths (19, 23, 29).

As such, to protect the health of immigrants and the general public, the Society of Behavioral Medicine urges Congress to restrict ICE from engaging with immigrants in or around medical settings.

### ANALYSES OF CURRENT POLICIES: AGGRESSIVE IMMIGRATION REGULATION ENFORCEMENT

Since January 2017, ICE detentions have increased dramatically—40% from the same period a year earlier (30, 31). This is at least partly due to ICE being given “broad authority to act at its own discretion,” including arresting

law-abiding immigrants along with those with active criminal records (11, 32, 33). Some of these detentions occurred in previously “safe” areas, such as medical facilities (11, 13, 14).

Children are negatively impacted by these parental internments. Children who witness the detention, or fear the detention, of their loved ones, are found to suffer from short- and long-term physical and psychological distress including:

- persistent stomachaches (34),
- headaches (34),
- anxiety (34, 35) and posttraumatic stress (26),
- anorexia (34),
- depression (34, 36, 37),
- suicidality (36, 37),
- school absenteeism (11), deteriorating school behavior (35, 36), and poor academic achievement (34, 35, 36),
- and, in adulthood, mental and physical health problems (35, 40).

## POLICY IMPLICATIONS

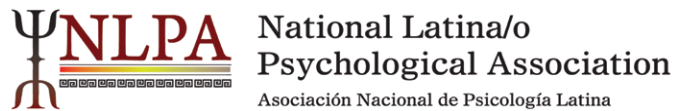
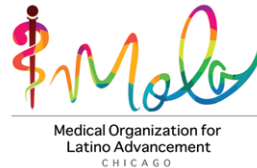
- Protecting the health of immigrants is an important and necessary investment in the health of the American public, promoting health equity, resulting in a healthy workforce, and contributing substantially towards the elimination of health disparities. Policies which encourage ICE interventions in or around health facilities are associated with decreases in preventive health care and public assistance engagement, including insurance seeking (38, 39), and increased risks of untreated health problems which pose threats to both the immigrants themselves and their communities.

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## ENDORSEMENTS:



## THE AMERICAN PUBLIC HEALTH ASSOCIATION'S COMMITTEE ON HEALTH EQUITY (APHA CHEQ)